

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012274

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 26

FILED MAR 26 1963

1. PLACE OF DEATH a. COUNTY <u>Lafayette Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexington Mo</u>		c. CITY OR TOWN <u>Polo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lexington Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>147-13</u>	
3. NAME OF DECEASED (Type or print) First <u>Olen</u> Middle <u>Chester</u> Last <u>Finck</u>		4. DATE OF DEATH Month <u>April</u> Day <u>10</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 22-1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner/Manager of Mechanic Garage</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Automotive</u>	
11. BIRTHPLACE (City and state or country) <u>Knoxville Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>A.C. Kincaid</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Etta Crane</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert E. Kincaid</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>2-10-100000</u>		17. INFORMANT <u>Mrs Elmer Fish Troutman</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>Heart disease 17 year duration</u> DUE TO (c) <u>Coronary Artery Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11:00</u> a.m. Month, Day, Year <u>April 10 1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Polo Caldwell Co Mo</u>	
21. I attended the deceased from <u>after death</u> and last saw her alive on <u>never</u> Death occurred at <u>2:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>M. Martin</u> (Degree or title) <u>Coroner</u>	
22b. ADDRESS <u>Odesse Mo</u>		22c. DATE SIGNED <u>9-10-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>3-12-1963 Burial</u>	23b. DATE <u>3-12-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Zimmerman Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Polo Caldwell Co Mo</u>
24. FUNERAL DIRECTOR <u>Adams & Cowley</u>		25. DATE RECD. BY LOCAL REG. <u>3-12-1963</u>	
26. REGISTRAR'S SIGNATURE <u>M. Martin</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MAR 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Erwin L. Howland

Licensed Embalmer No.

4924

P. O. Address

Polo, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.